

D.I. # _____

CIVIL ACTION
NUMBER: 05-785 SLR

U.S. POSTAL SERVICE
CERTIFIED MAIL RECEIPT(S)

97169
31694
00042
18201
7005

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT <i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage	\$.39
Certified Fee	2.40
Return Receipt Fee (Endorsement Required)	1.85
Restricted Delivery Fee (Endorsement Required)	1.85
Total Postage & Fee	\$ 4.64

Postmark Here

Sent To
First Correctional Medical, Inc.
Street, Apt. No.;
or PO Box No. 108161 North Oracle Road
City, State, ZIP+4 Tucson, AZ 85704

PS Form 3800, June 2002
See Reverse for Instructions